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ABSTRACT

Needs assessment questionnaires were sent to both social service providers and consumers in Contra Costa County, California. This project was designed with three purposes in mind: to determine the level and gaps in services provision for children in the county; to compare consumer and provider perceptions of children's services in the county; and to provide a tool for advocacy based on this assessment. Service areas of concern were alcohol and narcotics treatment, community health, counseling, crisis intervention, day care, information and referral, and mental health. A total of 1,723 Service Provider Surveys were mailed throughout the county to providers identified through the use of service provider directories. Questions in the survey dealt with such services as child care facilities, schools, recreation programs, health services, mental health services, and miscellaneous. The response rate was 19.6%. A total of 4,453 Consumer Surveys were mailed to individuals selected from census tract information. Of these, 200 were Spanish-language surveys and 1,012 were follow-up surveys. The response rate was 10%. County-wide results indicated that service gaps were seen in the following areas: day care, parenting, recreation, mental health, education, out-of-home care, and health care. Based on data obtained and evaluated, recommendations for change in all needed areas are elaborated in this report. Information is provided on observed trends in current services. Copies of questionnaires, raw data tabulations, a census tract map, and a ranking of the high need census tracts are appended. (SS)

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CURRENT NEEDS, FUTURE GOALS

Report of the Children's Services Needs Assessment Team, 1977-1978

BY

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Contra Costa County, California

October, 1978

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SUMMARY SHEET

I. Introduction

This project was designed with three purposes in mind: 1) to determine the level and gaps in services provision for children in the county; 2) to compare consumer and provider perceptions of children's services in the county; 3) to provide a tool for advocacy based on this assessment.

II. Methodology

Two different questionnaires were devised, one for those associated with providing services and one for consumers who use the services. Both surveys were sent to each section of the county - West, Central, and East, through the use of service provider directories and census tract information.

III. Results

A. Countywide Service Providers

1. 19.6% response rate
2. 18% served 0-2 1/2 yr. olds; 32% served 2 1/2-5 yr. olds; 30% served 5-12 yr. olds; 20% served 13-18 yr. olds.
3. The main problem seen in providing services were: lack of funding (29% of responses); lack of staff (17%); bureaucratic hassles (13%).
4. Coordination between services was felt to be nonexistent by 19% of the respondents, poorly coordinated by 27%, adequately coordinated by 40%, and effectively coordinated by 14%.
5. Of the seven suggested services, information/referral and community health were felt to be the most effectively provided, substance abuse treatment and mental health the least effectively provided.

B. Countywide Consumers

1. 10% response rate
2. The main problems seen in getting services were: services too expensive (28% of response); services not available (26%); being put on waiting lists (17%).
3. 79% of respondents were not involved with children's services in their communities.
4. Of the seven services suggested, day care and counseling were chosen as the most needed in the community.

C. Major Concerns of Both Providers and Consumers

1. Day Care - chosen as the first most pressing need in the voluntary comments of the service providers and second most pressing by consumers. Suggested areas of emphasis were: infant care, before and after-school care, sick child care, emergency care, care available 24 hours a day.

C. Major Concerns of Both Providers and Consumers (cont.)

2. Mental Health - second most pressing need by providers and fourth most pressing by consumers. Suggested areas of emphasis were: community clinics for families who need counseling; counseling for the disabled child and his/her parents; youth peer counseling.
3. Parenting - chosen as third most pressing by both providers and consumers. Suggested areas of emphasis were: family life education for teenagers; parent education for adults; parental stress and child abuse intervention; support services for single parents.
4. Recreation - chosen as fourth most pressing by providers and first most pressing by consumers. Suggested areas of emphasis were: supervised after-school programs; teen centers; direct involvement with community affairs.

D. Survey Results By Area (West, Central, East)

The statistical data and analysis pertinent to each area of the county are presented separately in order to provide a comparative overview for the reader.

IV. Conclusions - Countywide Service Gaps

Service gaps were seen as an absence of a certain kind or standard of service, that is, as an indication of what could best be done as opposed to what is currently being offered. The list is divided into eight categories: Day Care, Parenting, Recreation, Mental Health, Education, Out-of-Home Care, Health Care, and Other Concerns.

V. Recommendations

The recommendations are based on the service gaps and are listed in the same eight categories as the gaps.

VI. Observed Trends

A list of related studies and programs in the field of children's services that are now available or will be in the near future have been included for those who wish further information on specific areas of the county and/or specific categories of interest.

VII. Appendix

Includes: Samples of the cover letter/definitions of service and both questionnaires; a compilation of raw data scores from all areas of the county; tally of responses to open-ended questions; Census tract map indicating boundaries of West/Central/East areas; Ranking order of high need census tracts according to 5 social indicators.

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INTRODUCTION

In the late summer of 1977, work was begun on a comprehensive assessment of children's needs in Contra Costa County. Three field representatives were hired by the Contra Costa Children's Council to complete this task, using Title VI CETA funds.

The purpose of the project was threefold: 1) to determine the level and gaps in service provision for children in the county; 2) to compare consumer and provider perceptions of children's services in the county; 3) to provide a tool for advocacy based on this assessment.

There was also a clearly assessed need for a study of this type. Various planning agencies and community groups have expressed a great desire for input on the needs of children. This particular study, which uses the dual analysis of service providers and consumers, will be helpful to these groups in pursuing their various goals.

This final report will be a beneficial tool in advocacy for future goals in the field of children's services. The information contained here could well be used as testimony for legislative concerns, workshops, and public dissemination. It will also be instrumental as a starting point for continued research in this field.

In order to determine that the report is the start, and not the culmination, of addressing the needs of children in Contra Costa County, the future work of the Needs Assessment field representatives team is to become advocates in order to assure that the assessed needs are met.

METHODOLOGY

Scope of Study

The initial goal in designing this project was to provide the most comprehensive assessment of the needs of children (0-18 years) in Contra Costa County with the available resources. In addition, other considerations were to design a survey that would focus on the major needs of children's services, compare the perceptions of service providers with those of service users, be sensitive to major issues in the various geographical areas of the county, and while having input from all economic groups, would assure that high need areas in the county would be represented.

In order to achieve these goals, a three-part study was devised. The first part consisted of a review of literature and analysis of work being done in the field. The second and third parts were questionnaire surveys, to be sent to both service providers and consumers.

Survey of Literature

The initial survey of literature was concerned with finding both information on methods and procedures for assessing need in social services and in reviewing what work has been and is being done. This material was of great value in deciding the scope and direction of the project. The studies and reports assembled are on file at the Children's Council, and are a useful resource to any individual or group interested in better addressing the needs of children in Contra Costa County.

Questionnaire Design

In order to obtain input and assistance from individuals directly involved with children's services, a Needs Assessment Committee was formed as

the first step in developing the type of questions to be included in the survey. In designing the two questionnaires, there was a deliberate attempt to match as many questions as possible. This can be observed in the copies of the questionnaires which are contained in the appendix (See Attachments B & C). Special emphasis was placed on seven major categories of service that were determined by the Needs Assessment Committee to be the highest priorities. These categories, with accompanying definitions, were included on the reverse side of the cover letters sent to both groups questioned. A copy of the consumer letter and definitions are also in the appendix (See Attachment A).

Service Provider Survey

The service provider population that was surveyed was selected from a variety of directories and mailing lists representing the entire county. The categories of services questioned included child care facilities, schools, recreation programs, health services, mental health services, and miscellaneous groups. In addition, an outreach campaign was established to encourage any interested provider to contact the Children's Council for copies of the survey. A total of 1,723 surveys were mailed out, with 740 being sent to the Central, 714 to the West, and 269 to the East.

Consumer Survey

In order to reduce the amount of bias in selecting the consumers to be questioned, a technique of random sampling using census tracts, reverse telephone directories, and a street address index was developed.

Approximately one thousand questionnaires were sent to each area of the county, 75% of which were distributed throughout the census tracts. The remaining 25% were concentrated in census tracts within each area that, according to a series of social indicators relating to children, had the

highest level of need (See Attachments G & H).

In addition, 200 Spanish translations of the survey were distributed in the East County area, and 1,012 follow-ups were conducted in an effort to further encourage individuals to return the survey or to determine why they were not participating. Thus the total number of surveys and other contacts mailed were:

3,241	surveys countywide
200	Spanish surveys
1,012	follow-ups
4,453	total

Tabulation

The raw data tabulations for each questionnaire have been compiled and list Countywide, West, Central, and East figures for comparative purposes (See Attachments D & E). Whenever percentages are given for individual questions, these are percentages of respondents to that particular question. The raw numbers are given next to the percent figure.

There was a deliberate emphasis on open-ended questions in this survey. While it was known that this would make the tabulation process more difficult, it was a necessary step. The responses to these questions were categorized and ranked, but were not subjected to any more precise tabulation. The ranking order and number of responses of the four most frequently mentioned categories are included in the appendix (See Attachment F). Although not as exact as the more empirical answers, they were probably the more revealing.

COUNTYWIDE SURVEY RESULTS

Service Provider Survey

Our findings are based on the 19.6% countywide returns of the surveys sent to the service providers (338 of 1,723). These returns were representative of the wide spectrum of children's services contacted. A copy of the actual questionnaire sent is included in the appendix section (Attachment B).

Service providers and agencies responded that 40% of their clients pay no fees, 33% pay a flat fee, 12% pay according to a sliding scale, 5% use private insurance for payment, and 4% have Medi-Cal coverage. Six percent indicated that other arrangements were used, such as contributions, tax base per child, scholarships, and membership dues.

Although 47% of the respondents did have eligibility requirements for their services, the majority of those requirements were that the children be the appropriate age for the service(s) offered.

The "ages of youth primarily served" indicator was divided into four groups of children. Of the respondents, 18% served the 0-2 $\frac{1}{2}$ year old group, 32% served the 2 $\frac{1}{2}$ -5 year old range, 30% offered services to the 5-12 year olds, and 20% had services for the 13-18 year old youth. There is a clustering of services offered for the 2 $\frac{1}{2}$ -12 year old child, with a definite drop in the services available for the infant and the teenager.

Thirty-one percent of the respondents have waiting lists for their services, yet most of them indicated that there were very few on their lists, nor did those clients have to wait long.

In terms of transportation concerns, one out of three agencies provided some transportation for their clients (34% yes/66% no). Also, four out of five services do have public transportation available within a five block

radius (78% yes/22% no). It should be noted that public school buses made up the majority of the transportation services available. In addition, it may be unwieldy for clients who need services to use available public transportation without difficulty (i.e., a preschooler traveling alone to a day care facility, the disabled person, need for emergency/crisis services). Furthermore, while a service may be located near public transportation, the consumer who needs the service may not reside in a location where public transportation is easily accessible.

The major problems that prevented service providers from doing their job most effectively were: lack of funding, 29%; lack of staff, 17%; and bureaucratic hassles, 13%. Other concerns were lack of transportation services, 7%; lack of coordination with other services, 7%; inability to reach clients, 6%; legal problems, 6%; and lack of cooperation from clients, 6%. Nine percent indicated the "other" category, the most prevalent difficulty being the lack of space, or need for larger facilities.

In response to the question "How well do you see your service coordinated," 40% replied adequately coordinated, 27% rated themselves poorly coordinated, while 19% felt they weren't coordinated with other services at all. The mean value response was 2.49 on this 4-point scale, between poorly and adequately coordinated.

The effectiveness of various fields of children's services were rated with 1) not provided, 2) poorly, 3) adequately, and 4) effectively as the indicators used. The areas of service that providers felt were most effectively met were Information and Referral and Community Health. The services that were seen as least effective were Crisis Intervention and Substance Abuse. The ranking order, from most effective to least effective, is as follows:

1. Information and Referral
2. Community Health
3. Day Care
4. Counseling
5. Mental Health
6. Crisis Intervention
7. Substance Abuse

It should be noted that none of the services listed achieved a high rating; the average response for all services fell between poorly and adequately effective. It was very apparent that service providers did not consider any of their fields of service to be effectively met in the county.

In the open-ended questions, service providers responded to the request for their evaluation of the most pressing needs of the children in the county. The services, in ranking order from most essential, are: 1) day care; 2) mental health; 3) parenting; and 4) recreation. The specific concerns that the service providers mentioned in these four subject areas will be elaborated on in greater depth within this section (starting on page 11).

Consumer Survey

The response to the consumer questionnaire consists of a 10% countywide return (325 out of 3,241). A copy of the questionnaire is included in the appendix (See Attachment C).

The respondents were primarily from two-parent households (79%) with an average of 2.2 children per household. The response from one-parent households was 13% with an average of 2.0 children per household. Other households made up an 8% response with too few children per household to develop an average.

The amount of household income per month range* was very evenly distributed over all but the lowest category: less than \$250 a month, 1%; \$250-\$666, 15%; \$667-\$1,083, 22%; \$1,084-\$1,499, 23%; \$1,500-\$1,917, 18%; and \$1,918 or more, 21%.

The racial makeup of the respondents was predominately white (72%),

* Dollar ranges are those used by the County Planning Dept. in taking the county's Special Census in 1975.

followed by Spanish surname (11%), Native American (6%), Black (6%), Asian/Asian American (3%), and other (2%).

One-third of the consumers indicated having needed services for their children in the last three years. The primary service used was Day Care (50%), followed by Community Health (16%), Counseling (14%), Information and Referral (11%), Mental Health (6%), Crisis Intervention (3%), and Substance Abuse Treatment (1%).

Consumers paid for these services in much the same manner that service providers indicated: 49% paid flat fees; 20% no fees; 13% sliding scale fees; 10% private insurance; 4% Medi-Cal; and 4% other.

The major problems indicated in receiving services were: too expensive (28%) or not available (26%). Other responses were: put on a waiting list (17%); eligibility requirements (10%); long wait on telephone (6%); lack of transportation (4%); and long wait in office (3%). These findings matched the similar question on the service provider survey where job effectiveness was hampered by a lack of funding and staff. While consumers and service providers were both aware of the difficulties associated with waiting lists, the consumer responses indicated more frustration with the problem. It was interesting to note that, regardless of the problems consumers have encountered in the process of getting services, 78% were satisfied with the services they did receive.

Three out of four respondents, or 74%, felt that the services they needed were available within their community. One drawback to this question is that no clear definition was made as to what "community" meant. It could mean a five-block radius to some, a neighborhood to others, within walking distance to still others, or within a reasonable distance by automobile (or other means of transportation).

The services most desired in the community, as indicated by respondents,

were: Day Care (21%) and Counseling (19%). Other services were ranked in this order: Information and Referral (16%); Substance Abuse Treatment (13%); Crisis Intervention (11%); Community Health (10%); and Mental Health (9%).

Only 21% of the consumer respondents replied that they were involved in children's services in the community. Their participation varied from working full time in the field of children's services to a wide range and variety of voluntary activities, such as PTA, scouts, and sports. Several of the respondents who indicated that they were not involved in children's services expressed the interest to be more involved, but were unsure or unaware of the types of services to which they might offer their time and energies.

Consumers were also offered some open-ended questions to answer. Again, the most frequently mentioned service categories of children's services are: 1) Recreation; 2) Day Care; 3) Parenting; and 4) Mental Health. These are the same four fields of service chosen by the service providers, with only the ranking order somewhat different (See Attachment F). Service providers rated Day Care most essential, while consumers felt Recreation was the most needed service. An analysis of these four service areas, with comments and concerns expressed by the respondents in both surveys, follows.

MENTAL HEALTH

Services which deal directly with the mental health and well-being of children were seen as extremely important by those participating in the survey. Four of the top seven areas suggested by the Need Assessment Committee were in the mental health field, i.e., substance abuse, crisis intervention, mental health, and counseling.

Consumers were asked two questions about these four service areas: which services they had used in the past three years and which services they would like to see offered in their communities. Of those respondents who used any services at all, 1% used substance abuse; 3% used crisis intervention; 6% used mental health; and 14% used counseling. Even higher percentages wanted to see these services in their communities. Thirteen percent wanted substance abuse treatment, 11% wanted crisis intervention available, 9% wanted mental health services in their community, and 19% requested that counseling be easily accessible.

Participants not only responded to questions directed at mental health services, but also volunteered their concerns about the field when asked for their opinion of the most pressing needs of children in the county. In fact, improvement of mental health services was judged to be the second most pressing need, after day care, by all the respondents. Service providers stressed their concern time and time again by statements such as that made by Frances Greene, director of the Pre-School Coordinating Council in Pittsburg. She said, "Mental health services are provided in the Pittsburg area, but seem geared towards those in the middle income bracket. Mental health services are provided for low income people, but are limited to clinical assistance. If a person of low income has a mentally disturbed relative and wants to get assistance from the Mental Health Clinic, the patient must become violent

before the police will pick them up and take them to the hospital for admittance. Otherwise, you cannot get any assistance unless the patient is willing to be helped. If the patient does not want to be helped and you cannot get them to go to the clinic for observation, then low income people are left with a mentally disturbed relative on their hands, leaving them and their families in danger."

The need for preventive approaches to mental health was also recognized. A Kensington resident made this suggestion: "I think schools should pinpoint more children with family problems in order to seek counseling. . . Early intervention is critical. Most schools are aware of the problems well before they are serious and while the children are still young. . ." Crisis intervention services, especially a hot line available for child abuse needs 24 hours a day, were recommended a number of times. This includes such services as housekeeping and social services when parents are unable to cope for awhile, as well as out-of-home respite care. Some kind of residential setting for the emotionally ill child within the county seemed especially necessary. One clinical practitioner from the El Cerrito area notes: "The current plan of social services to refer behaviorally disturbed children in need of placement for screening and psychiatric evaluation to Napa is very, very inappropriate."

While there is recognition of the importance of mental health, the evaluation of these services is quite low. The prevailing opinion was that services in mental health are all less than adequate. In fact, the majority of service providers who responded ranked the services as either not provided or poorly provided.

PARENTING

Comments and suggestions for improved parenting were 21% of all the volunteered responses to the question asked about the most pressing needs of children in the county. This seemed especially significant since, unlike day care and mental health services, nowhere else in the questionnaires was parenting mentioned. Service providers and consumers both ranked parenting as third most pressing; it was 21% of the providers comments and 22% of those by consumers.

Various solutions for improving parenting tended to fall into four general categories: 1) parent education; 2) aid for those experiencing parental stress; 3) clarification of parental responsibility for a child's anti-social behavior; 4) emphasizing the importance of social interaction and emotional involvement between a parent and child.

Throughout the county there was a good deal of comment favoring courses in parenting skills and family life education. It was felt that not only should such courses be available for those who are already parents, but also for the teenagers of the community in an attempt to prepare them for the duties and responsibilities of parenthood.

Although it is hoped that educating parents both to a better awareness of the needs of their children and to effective ways of dealing with problems will alleviate some of the stress inherent in parenting, it was recognized that child abuse and neglect exist in the community and will probably continue to do so. Therefore, a number of participants suggested that parental stress hotlines be established throughout the county. A parent would then have access to help and some relief from an immediately tense situation. Such a phone line could also be the entrance point into a system for getting the kind of counseling and/or out-of-home placement of the children that is sometimes

necessary. Child abuse and neglect were seen as major problems by both consumers and service providers, and thus the development of services for handling and preventing such problems was encouraged.

Several consumers seemed quite concerned about the problems of accountability for juvenile delinquency. Some felt that parents should be more responsible for the delinquent behavior of their children, while others felt that more responsibility had to be placed on the children themselves--especially the older, teenage child. But the general consensus was that a clarification needed to be made by the judicial system, as well as an increased dialogue between parents, children, and local authorities.

But perhaps the most significant problem in effective parenting, as seen by the survey participants, was the lack of involvement of some parents with their children. One sign of this deficit, even among those parents who filled out the questionnaire, was that only one out of four was presently involved in children's services within their community. Even aside from this lack of social interaction, both consumers and service providers felt that often "problem children" are those who lack a sense that their parents are loving, caring people. Although improving parenting in the other three aspects would contribute to the alleviation of this "T.L.C." deficit, an Antioch parent's suggestion seems to address the problem head-on. She says: "How about a program that specifically offers love, at no cost, to all kids?"

RECREATION

What is needed, as one consumer stated, is for the children to have "something to do, some place to go besides walking around on the streets." Judging from the response to the open-ended questions, these activities, preferably supervised and meaningful, are viewed by the consumers as the most pressing need for children in Contra Costa County.

It is in the field of recreation that the largest discrepancy occurs between the perceptions of the consumers and those of the service providers. Of the four major concerns, the consumers ranked recreation the highest, (31%), while service providers ranked it below mental health, day care, and parenting (11%). There was agreement, however, on the value of recreation as a means of preventing further problems, particularly in the areas of juvenile crime and substance abuse. Boredom and the lack of supervision were seen as the primary roots of most problems for children, and with teenagers in particular.

The idea that recreation serves more than just to amuse the children was also borne out in the activities suggested by members of the community. While such conventional activities as sports, youth centers, parks, and playgrounds were mentioned, there was a strong emphasis on supervised, constructive activities in the community and job experience as important for the development of youth. Many respondents felt that programs involving young people directly in working with community problems would be the most beneficial.

Not only were these recreational activities deemed important, but they were also perceived as not being adequately provided. From the consumer viewpoint, there seems to be a serious gap between the services provided and the services desired.

Those activities that are provided are often very difficult for the consumer to participate in. Typical are the problems of one respondent who states, "Tiny tots swimming lessons in Pittsburg are filled up each class and many people turned away. Only once have I received a brochure from Pittsburg Leisure Services--three days before classes were to begin. When I called them, I found out it was too late to enroll my son."

Of the service providers in the field of recreation who responded to our survey, many indicated that they had a waiting list for their activities (1,146 children countywide). As in other services, lack of funding (38%) was seen as the primary difficulty in delivering service, followed by lack of staff (18%) and lack of transportation (15%).

WEST COUNTY SURVEY RESULTS

Participating Services

A wide range of agencies were contacted in the West County area and asked to participate in this survey. A total of 726 service provider questionnaires were mailed and 128 returned, for an 18% response rate. Twenty-four percent were from Family Day Care Homes, 24% from Child Care Centers/Preschools, 16% from schools (public, private, and special), 11% from recreational programs, 9% from mental health/counseling services, and 16% from multi-service/miscellaneous groups.

The ages primarily served by the participating agencies were: 0-2 $\frac{1}{2}$ year olds, 17%; 2 $\frac{1}{2}$ -5 year olds, 32%; 5-12 year olds, 31%; 13-18 year olds, 20%.

The manner in which these services were paid for varied in accordance with the countywide figures. Forty-eight per cent charged no fee, 27% charged a flat fee, 11% had a sliding scale, and 4% each accepted Medi-Cal or private insurance.

Participating Consumers

A little over a thousand consumer surveys were sent throughout West County, with an 8% response rate, somewhat less than the 10% countywide rate. The vast majority of the respondents were from two-parent households (85%) while one-parent households were 12% of the respondents. The respondents had an average of 1.8 children per family; two-parent families had 2.2 and one-parent families had 1.7. Income levels tended to be at a medium level. None had incomes less than \$250 per month. Thirteen percent had incomes between \$250 and \$666, 20% were between \$667 and \$1,083, 28% were between \$1,084 and \$1,499, 19% were between \$1,500 and \$1,917, and 20% made more than \$1,918 per month. Racial group participation was: 59% White; 11% Black; 9% Asian;

8% Native American; 8% Spanish surname; 5% other.

Problems Providing Services

Problems that West County service providers had in providing the services varied in much the same manner as the rest of the county. The three main problems chosen were: 1) lack of funding, 33%; 2) lack of staff, 16%; 3) bureaucratic hassles, 12%. The five remaining choices were chosen much less frequently. Thus, lack of transportation was chosen by 8%; inability to reach clients, 7%; lack of coordination with other services, 7%; legal problems, 6%; and lack of cooperation from clients, 4%. Seven percent also chose to express some other problems, the most consistent being a problem with the physical surroundings, i.e., buildings, space, neighborhood, etc.

West County providers tended to rate themselves as a little more coordinated with other children's services than the countywide providers did in general. On a four point scale, between not coordinated and effectively coordinated, the overall value chosen was 2.65, as opposed to 2.49 countywide. Only 14% chose not coordinated, 24% chose poorly coordinated, 45% chose adequately coordinated, and 17% chose effectively coordinated.

Another indication of how well available services are meeting the demands of consumers was a consideration of any waiting lists that agencies maintained. Twenty-seven percent of the responding agencies kept up waiting lists. The largest number of children on such lists was in the special education field, which had 244. The child care and preschool centers also had a high number, 219. Private parochial schools had 110. Recreational programs had 517. Some of the day care homes indicated that they know of people who needed their services, although they had no actual list of names.

Problems Getting Services

West County consumers seemed to have much the same problems getting services as did the entire county. When asked about such problems, 39% of the responses indicated that the services were not available, 33% that they were too expensive, 17% that they were put on waiting lists, and 11% had problems with eligibility requirements. Although only 22% of the countywide respondents were dissatisfied with services in general, 30% of the West County respondents were dissatisfied. Also, while 74% of the countywide respondents were able to find the services they needed in their community, only 67% of West County consumers were likewise accommodated.

Need for Services

Both consumers and providers were asked their opinions about services that they would like to see available in West County. When questioned about specific types of services, providers tended to rank the effectiveness of services in meeting the needs of the area only as less than adequate. On a scale of 1 to 4, the seven services were ranked in this order:

<u>Rank</u>	<u>Service</u>	<u>Averaged Value</u>	<u>None 1</u>	<u>Poorly 2</u>	<u>Adequate 3</u>	<u>Effective 4</u>
1.	Substance Abuse	2.23	11%*	63%	20%	7%
2.	Mental Health	2.29	7%	64%	22%	7%
3.	Counseling	2.33	8%	59%	25%	7%
4.	Crisis Intervention	2.49	6%	49%	35%	8%
5.	Community Health	2.59	3%	49%	36%	10%
6.	Day Care	2.65	6%	37%	43%	13%
7.	Information/Referral	2.88	3%	27%	49%	14%
Average for all West County Services		2.5	6%	50%	33%	11%

* Note: All percentages represent percentage of total responses within a service category

When consumers were asked which services should be offered in their

community, they ranked the services in this order: counseling (21%); day care (17%); information/referral (17%); crisis intervention (13%); substance abuse treatment (11%); community health (11%); and mental health (7%).

Most Pressing Needs

When both groups of participants were asked their opinion of the most pressing needs for children's services, their voluntary responses tended to fall into five major categories: day care; parenting; recreation; counseling; and education.

Day Care. This category was ranked as the highest need countywide, as well as by the West County service providers. It was ranked as third most pressing by West County consumers, however, although it did receive 22% of their comments. Requests for more and better facilities came from all parts of West County and included specific types such as infant care, before- and after-school care, day care facilities for the physically and emotionally disabled child, sick child care, and emergency drop-in care. Many of these same recommendations were made by service providers, especially for infant care.

Parenting. The improvement of parenting skills and increased parental responsibility were quite prevalent concerns of West County participants, as well as those countywide. It was ranked the second most pressing need by 32% of West County's consumer respondents, and third most pressing by 24% of the service providers. The need for parent education courses was highly recommended by both groups. An El Sobrante respondent said, "Education of parents to further their understanding of children's needs and behaviors at each stage of their development is needed, as well as loving care and stimulating opportunities. Informal discussion groups on a neighborhood/community basis would be good. . ."

Recreation. Closely related to both previous categories is the idea that children need places to go for meaningful activity and recreation. This was ranked as the first most pressing need by West County consumers, with 33% of the comments in this area. However, it was ranked fourth by service providers, receiving 18% of their comments. Consumers seemed to feel that if children, especially the older ones, had something to do and occupy their time, they would be less likely to get involved in anti-social behaviors. Comments such as this one from an El Sobrante respondent were quite common: "There is a need for more parks and community centers for teens and pre-teens to gather in and release their hostilities, etc. . . . Clubs, organizations, and church groups are the types of activities that would keep kids interested and away from drugs."

Mental Health. Services dealing directly with the mental health of children and their families in West County were ranked as the second most pressing need by service providers, with 25% of their comments, and fourth by consumers, with 13% of theirs. Numerous kinds of counseling services were suggested, such as: counseling for criminal activity and prevention; information and referral services for substance abuse problems; consultation services for day care and school programs.

Education. Although concerns about improving education were ranked fifth by both West County consumers and service providers, it was far and away more frequently, and emphatically, mentioned than any remaining topic. Major concerns centered around quality educational experiences, evaluation and special assistance within the schools for those with learning disabilities, and relationships between school staff members, the children, and their parents. This last issue was addressed by a Richmond provider in this manner:

Actually the BIGGEST problem affecting the MOST children is the quality of instruction and counseling in the schools. I am constantly struck by the destructive behavior of teachers and the lack of understanding of children's basic needs. We badly need some way to act as advocates for parents in relation to teachers--most parents can't or won't give their children the emotional support they need to cope with destructive teacher behavior.

Other Areas of Concern. West County participants also mentioned a few other areas they considered to be pressing needs for this part of the county. Health care and education, sustenance care for families, i.e., housing, food, clothing, etc., environmental and energy conservation, coordination of all services, better publicity of what is available, and better religious education were all named.

CENTRAL COUNTY SURVEY RESULTS

Participating Services

A total of 740 agencies and services received surveys in this area of the county. Of these, 158 surveys were completed for a 21.7% return (19.6% countywide). There was good representation of the many types of services available in the community (including one survey from a day care provider with brown and green crayon marks on the back). The types of responding services and the percentage of the total respondents are: Schools (Public/Private/Special Education) - 20%; Child Care Centers/Pre-Schools/Nursery Schools - 15%; Family Day Care Providers - 29%; Recreational Services - 6%; Health Care Services (Medical & Mental Health) - 22%; and Multi-Service Agencies/Other Agencies - 8%.

63% of the services were for youth in the $2\frac{1}{2}$ to 12 year old age bracket, with only 21% of the services offered for 13-18 year olds, and 16% available for $0-2\frac{1}{2}$ year olds. This clustering of services for the pre-school and younger school age child is similar to the countywide figures.

Services were paid with flat fees (39%), no fees (28%), sliding scale (15%), private insurance (7%), Medi-Cal (5%), and other (6%). Countywide, there were more services that charged no fees (40%) than flat fees (33%). There was a higher percentage of services with eligibility requirements in Central County (63%) than countywide (47%), although most still pertained to the age of the client relating to the services offered. 68% of the services provided transportation for some of the clients, while 73% indicated that public transportation was available within a 5-block radius of their location. From 140 responses, a total of over 92,000 children were served in 1977 (in Central County), even though most agencies reported that their figures were conservatively low to this question.

Participating Consumers

1,012 consumer surveys were mailed out, and a follow-up mailing was done 2 weeks later. A total of 142 surveys were returned (14%), with another 92 respondents indicating their non-participation was due to their not having children. 52 of the 53 census tracts within Central County were represented in the returns (the all-adult community of Rossmoor did not participate). 78% of the respondents were from two-parent households, with an average of 2.1 children per family, 9% were from one-parent households, with an average of 2.3 children per family, and the other 13% of the returns were from other types of households.

Income levels were higher than the average for the county: 1% - less than \$250 per month; 6% - \$250 to \$666; 15% - \$667 to \$1,083; 27% - \$1,084 to \$1,499; 23% - \$1,500 to \$1,917; 28% - \$1,918 or more. 78% of the residents who responded from Central County had monthly incomes exceeding \$1,084, while only 62% of the countywide respondents were in similar income ranges. 88% of the respondents were White, 8% Native American, 2% Spanish surname; 2% Asian/Asian American, and 1% Black. 9% listed their children's special needs, of which 38% had learning disabilities, 23% had physical disabilities, 15% were asthmatic, and 8% were in the gifted or retarded categories.

39% answered that they used some children's services in the past three years, with 56% using day care, 16% using counseling, 13% using information/referral, 7% using community health, 3% using mental health, 3% using crisis intervention, and 2% using substance abuse treatment. These services were paid for in the same methods (by ranking order) used countywide: the highest response being flat fees (63%), next being no fees (23%), followed by sliding scale fees (10%), and private insurance (4%). There were no respondents in the Central County using Medi-Cal.

Problems Providing Services

The major difficulties that the agencies had in providing their service were identical to the answers countywide: 1) lack of funding - 27%; 2) lack of staff - 16%; and 3) bureaucratic hassles - 12%. However, 12% also listed lack of facilities or need for more space in the other category. These could all be seen as very interrelated problems as they all deal with fiscal policy or physical limitations.

Central County service providers rated themselves as less coordinated with other children's services when compared to the countywide figures. The mean value on the 4 point scale used was 2.35, as opposed to 2.49 countywide. Of those responding, 23% rated themselves as not coordinated, 30% indicated that they were poorly coordinated, 35% felt they were adequately coordinated, while only 12% said they were effectively coordinated.

The mean value rating of how effectively children's needs are being met in the county fell between poorly and adequately in all seven subject areas suggested (Substance Abuse Treatment, Community Health, Counseling, Crisis Intervention, Day Care, Information/Referral, and Mental Health). This was the same basic response countywide; in both cases Information/Referral and Community Health were rated as the most effective, while Crisis Intervention and Substance Abuse Treatment received the lowest ranking order rating.

34% of all services had waiting lists for their services, similar to the 31% countywide services with waiting lists. Approximately 959 total children were on these waiting lists, although day care providers frequently remarked that they had no waiting list but knew of several individuals seeking their services.

Problems Getting Services

Central County consumers joined the general consensus of participants countywide in agreeing that the main problem they had getting the children's services they needed were: 1) service too expensive - 25%; 2) service not available - 25%; and 3) put on waiting lists - 20%. Therefore, fully 70% of all respondents had discovered that if services were offered at all, they cost too much for the average pocketbook (or the over-average pocketbook in this part of the county!), or else the service was already full. 79% were satisfied with the services they had received, and 79% also found that these services were available within their own community.

Consumers both in Central County as well as countywide further concurred that the three most important services to be offered within their immediate community are: 1) Day Care (19%); 2) Counseling (19%); and 3) Information/Referral (16%). The ratings of the other children's services listed are: Substance Abuse Treatment (13%); Mental Health (11%); Crisis Intervention (11%); and Community Health (9%).

A large number (76%) of the consumers who answered the survey in the Central area and 79% countywide said they were not involved in children's services within their community at all. While this figure means that roughly 1 out of 4 respondents are involved in some way with children's services, the amount of participation was still limited.

Most Pressing Needs

The response to the open-ended questions in Central County were similar to the countywide results. The top 4 concerns repeatedly mentioned were: 1) Day Care; 2) Mental Health; 3) Parenting; and 4) Recreation.

In Central area, both providers and consumers rated day care as the number one most pressing need. Consumers felt that recreation was the second

most pressing need, while service providers decided that mental health should be rated number two. Consumers rated mental health number three; service providers ranked parenting number three. And parenting was the fourth most pressing need to consumers, while recreation for the service providers filled this ranking order. Thus, the differences between service providers and consumers, both in the Central area and countywide, would look like this:

Ranked Order (Based on number of comments)

	Day Care	Recreation	Parenting	Mental Health
<u>Central</u>				
Service Prov.	1	4	3	2
Consumers	1	2	4	3
Total	1	4	3	2
<u>Countywide</u>				
Service Prov.	1	4	3	2
Consumers	2	1	3	4
Total	1	4	3	2

In the area of day care, one Concord resident said: "Proper facilities for day care for children of working parents - especially for children under the years of $2\frac{1}{2}$ are needed. Day Care Centers geared to taking infants and toddlers under 2 or $2\frac{1}{2}$, well-regulated and supervised day care homes; people who will come to the home for a reasonable charge also." Another Concord parent suggested, "Are Mental Health services feasible in schools? To work with kid's feelings individually and in groups?"

Much was said concerning parenting: "we need to nurture and support responsible and well-qualified parents to raise children and prevent problems before they arise." (Walnut Creek parent) And: "Teach the kids responsibility and respect for themselves - teach them to be better parents." (San Ramon resident) "Good health and a proper home environment - the right to live in a loving, caring home instead of being locked into an abusive one." (Pleasant Hill parent of 2)

In the area of recreation, a Martinez mother suggested: "Some interesting work projects for the children so they feel like contributors to our society. . . The lack of something to do for older children (6th grade and up) is a serious problem. We complain about their destruction of property and (their) apathy, but we offer them no meeting places or group projects to become involved in. They need not only fun activities, but meaningful work projects in all areas: from building things to sell, to cleaning the streets; to caring for the sick or reading to the old. Why can't we motivate their energy constructively and offer them points toward a meeting club place, dances, or outings rather than money as rewards all the time? Citizenship can be learned early by doing."

Other Major Concerns

Central county residents had some other concerns, especially in the fields of education (" . . . Should offer a variety of opportunities to grow."), juvenile delinquency ("There should be more consideration of children's welfare in courts" and "Too much emphasis is placed on the parents being to blame for failing the child, instead of the child failing himself. In our society, there is too much liberalism and not enough discipline."), substance abuse treatment ("Needs to be school-wide information on alcohol and drugs in the homerooms, drop-in rap sessions, peer counseling."), and child abuse (" . . . need services to reach families before their problems reach a crisis situation" and "Child abuse hotline, well-advertised, for anxiety-ridden and depressed parents is a tremendous need.")

With 65% of the population, and covering approximately 2/3 of the geographic area, Central County is a sizeable portion of the county. Many of the county's offices and services are grouped within its boundaries. There is an atmosphere of growth, constant change and continuous movement, and the field

of human services is no exception. Both service providers and consumers from this area reflected the mood of wanting to further improve the quality of services available, even though there is already an element of quantity by the number of services congregated in this section of the county.

EAST COUNTY SURVEY RESULTS

Service Provider Results

In examining the East County returns for the service provider questionnaire, the first fact presented itself before a single questionnaire was sent. While both the West and Central sections limited themselves to a sampling of 700-plus service providers in their area, it was only with a concerted effort that 269 participants were found in the East. While the smaller population is the primary reason, the fact remains that there are relatively few services in this large area of the county. The lack of service is particularly felt in the private sector (mental health professionals, non-subsidized child care centers) of the human service field.

Those service providers that were contacted, however, did respond in a similar fashion to the county average for most questions. One area where there was a substantial difference was in how services are paid for. Seventy-one percent of the services that responded indicated that they charged no fee for their services, as opposed to 40% countywide. There was a corresponding decrease in other forms of service payment, with the largest shift occurring in the reduction of flat fees from 33% countywide to 22% in the East. Caution should be used in interpreting these statistics, however, as many of the services that do charge, such as private mental health practitioners, simply are not located in this part of the county; East area residents who need these services must leave the area to receive them. In addition, the consumers indicated in their questionnaires that while there was a slight increase in the number who used free services (as to be expected by the larger number living in poverty) it was not as high as this figure would indicate.

The East area service providers also indicated that they had a somewhat lower percentage of services that had eligibility requirements--37% versus 47% countywide. There was also a small number of services that had waiting lists, 26%, although this figure was not that much different from the county total of 31%. There were some notable exceptions to this general trend, with the providers that worked in the field of recreation and child care centers expressing a problem with the inability to serve all of those who desired their services.

Fifty-nine percent of the agencies indicated that they were accessible by public transportation as opposed to a 78% countywide figure. Again, a note of caution: this figure may be deceptive. While the agency may be within the range of public transportation, many residents in the outlying areas are not.

The problems that service providers encountered in delivering services were again very close to the countywide results. Lack of funding (26%), lack of staff (19%), and bureaucratic hassles (15%) were the main difficulties. East area service providers felt that their services were coordinated in roughly the same manner as the county average, that is, midway between poorly and adequately.

In rating how effectively children's needs were being met in the various areas of service, Community Health was felt to be the best met. Counseling and Substance Abuse were rated lowest, indicating a strong need for improved mental health services.

Consumer Results

Payment for services in the East indicated that fewer paid a flat fee (26% East/49% countywide) with a corresponding increase in percentages using sliding scale (26%) and Medi-Cal (17%). This can be attributed to a lower

median income in this area of the county. The major problems in receiving services were that the services were too expensive (18%), eligibility requirements (18%), and being put on a waiting list (12%). The most frequent response, however, was that there was no problem at all.

The response to the question on whether the service was available in the community was close to the county total, with 68% responding yes. The question on which services were actually used by the consumer also paralleled the county totals, with Day Care being by far the most frequently used service (43%), followed by Community Health (18%), and Counseling (14%).

The service felt to be most needed in the community was Day Care (29%), followed by Counseling (17%), and Drug Abuse Treatment (16%). Again, as in the county total, very few respondents (16%) indicated that they were involved in children's services in their community.

In response to the open-ended questions, the main concerns were those expressed countywide. As in the county consumer total, recreation was the main concern. A typical comment was made by an Oakley resident, who said, "There are so many kids, especially between 10-13, that are in some kind of trouble--or bored because they are too young to work in some summer program and too old to play with dolls."

Day Care was the next most frequent area of response. Particularly mentioned was the need for working and single mothers to find affordable child care. A West Pittsburg single parent stated, "There are more broken homes than ever before. This means an emotional problem, therefore the physical part is bound to break down. Even working mothers cannot provide all the care her child needs--financially, medically, or emotionally."

Mental Health and Parenting were also mentioned in the open-ended questions. The comments on Mental Health centered on the need to improve counseling and

and the need for addressing the problem of drug abuse. Also seen as pressing needs were facilities to deal with child abuse and family stress. The remarks on parenting centered on possible ways to produce more effective, caring parents, such as parent education and parental support groups.

Spanish Consumer Results

In preparing the questionnaire for the consumers, a great deal of concern was expressed because many residents speak Spanish as their primary language. In order to assure representation from this segment of the community, a separate Spanish version of the questionnaire was drawn up and administered. The results provide some dramatic findings.

The most obvious of these is the type of household and average income. While the East area random sample indicated that the households tended to have a slightly lower average number of children than the county, the Spanish survey results indicated on the average that the typical household had over twice the number of children (4.1) than either East (1.84) or countywide (2.2) average.

Coupled with this was a substantially lower median income. While the East area income was lower than the county, the Spanish group was significantly lower than the East. Seventy-three percent of the Spanish survey respondents indicated an income of \$666 a month or less, as opposed to a 24% figure for the East and a 17% figure for the county.

Comments in the open-ended questions stressed the need for improved health services, drug abuse treatment, and day care centers.

The number of Spanish respondents who used services in the last three years was too small to be tabulated accurately, but it is obvious that a high need population continues to exist in the East area of the county.

The changes that affected Central Contra Costa County during the 1960's seem just beginning in the Eastern section of the county. There still remains, however, the basic urban/rural distinction, the less homogenized and culturally distinctive social groups. But the changes are coming, and with the increase in population and demographic shifts, children's services will also be changed. The challenge in the East is how best to serve the needs that now exist while preparing for the needs of the future.

CONCLUSIONS- COUNTYWIDE SERVICE GAPS

The gaps in children's services over all of the county proved to be varied and numerous. A "gap" in this instance was defined as an absence of a certain kind or standard of service, i.e., an indication of what could best be done as opposed to what was currently being offered. The following service gaps were compiled from the majority of survey results, including the statements made in the open-ended questions, and observations by the field representatives after gathering information over the past year. These gaps are an integration of all the indicators from all over the county and consequently will not exist to the same degree in every specific (geographic) location of the county; that is, the scope and breadth of each gap changes from community to community. However, they do present an accurate profile of the county in general and should be useful in defining the parameters of the needs in children's services for this county.

Day Care

1. Real need for more facilities for infant care - few services for 0-2 year olds.
2. The numbers on waiting lists (531) indicates a need for more day care centers for $2\frac{1}{2}$ - 5 year olds.
3. Not enough sliding scale fees for day care services; e.g., parents of more than one child (using day care) in moderate-to-low income households have trouble getting quality care that they can afford.
4. Moderately priced pre-schools (for $2\frac{1}{2}$ - 5 year olds) for children of middle class working parents who don't qualify for federal funds or public assistance.
5. Good quality in child care, not just babysitting.
6. Expand facilities and varieties of day care offered - i.e., for psychiatric day care, before- and after-school care, evening and night care, and special services for the disabled child.

Day Care (continued)

7. Working and single parents need easier access to day care services that are already available and information on how to acquire these services.
8. Because there are more households where both parents work, new demands for services are being made.
9. More state funded child development centers for ages $2\frac{1}{2}$ - 5 are needed.
10. More support services should be available for the day care licensing procedure, including workshops offered for those interested in more information on health, nutrition, personal relationships, listening/communications skills, etc.

Parenting

1. There was an expressed need for parents who are caring and knowledgeable enough to protect, nourish, and educate children properly, i.e., give them tender loving care. (Although this is not a service gap, it is included because it was mentioned so frequently.)
2. Need for more services and facilities that actively encourage effective parenting skills aimed at improving their children's self-image and self-esteem.
3. Children need protection from abusive, potentially abusive, and/or incompetent adults.
4. Need to educate parents to provide appropriate guidance, skills and confidence to enable children to make healthy life choices.
5. Need for crisis support system for parents.
6. Variety of courses for high school youth to teach parenting skills.
7. Support groups for parents with similar interests (i.e., single parents, parents of children of same age/developmental stages).
8. Parental education and support on a neighborhood basis.
9. More parental involvement with legal/moral responsibility for child's behavior.

Recreation

1. Need for more meaningful youth activities for 13-18 year olds - centers, field trips, dances, projects to construct and sell, landscaping in the community, other community service jobs.

Recreation (continued)

2. More opportunities for youth (13-18 year olds) to participate in civic activities (i.e., working with senior citizens, developing job skills by volunteering in local programs and governments, working with the sick or handicapped, etc.).
3. More supervised recreational programs for all ages, particularly school age children (5-13 year olds).
4. Large number on waiting lists (1,146) for recreational programs.
5. Better transportation to recreational programs, or within child's own neighborhood (so children can get to activities on their own).
6. More leisure time activities for handicapped children.
7. Recreational supervision should be provided by qualified individuals who are good role models for youth.
8. School age children should have opportunities to learn about activities outside of their own communities - a cultural enrichment field trip program (opera, broadcasting studios, other ethnic group activities, etc.).

Mental Health

1. Need for more information and counseling services on substance abuse for youth (from 8 to 13 year olds).
2. County is out of compliance with Title XX mandate by not having a 24-hour protective services hotline!
3. More community resources available for the prevention of child abuse, protection for the victims, and treatment/support for the abusers. More awareness and clarification of the reporting system is needed.
4. Residential care for the emotionally disturbed child is needed.
5. Less expensive, in-county placements for youth who are now being sent to facilities outside the county is needed.
6. Early detection, intervention, and treatment for children with mental, behavioral, and learning problems is needed.
7. More family counseling to deal with the dynamics of family living is needed.
8. ONE clinic which offers low-cost, readily available child mental health care services within each section of the county is needed.
9. Psychotherapy/counseling is needed at low or no-cost.

Mental Health (continued)

10. An effective residential alcohol treatment program for addicted children is needed.
11. Mental Health Department in the county needs to allocate more funds on services for children.
12. Need for workshops to develop communication skills between parents and their children, and between youth and their peers.
13. There is a serious shortage of trained child psychologists in the county.
14. Better outreach programs for community awareness that free family crisis counseling is available.
15. Help with divorce counseling for parents and children.
16. Crisis intervention programs for dependent youth, including overnight protection, "cooling off period" placements, family counseling, and respite care.
17. Mental health consultants for field visits to day care programs, pre-schools and centers, and schools is needed.
18. Not enough services are available for battered women and their children.

Education

1. Better nutritional education and supplemental foods for school age children in need (K-12).
2. Better educational information services for family life education, dental health, accident prevention, and mental health for children K-12 and their parents.
3. Major concern expressed by participants indicated a lack of quality in the public educational experience.
4. The number on waiting lists for private schools (425) and for special education (649) indicates a need for more alternatives and facilities in these areas of education.
5. Treatment for learning disabilities needs to be available within the school district that the child lives in (indicated only in certain districts).
6. Needs to be a good referral system available for recommending children to needed mental health and medical services within the public/private school systems.
7. Schools need to do more for children ages 10-14 to promote better social and personal adjustment during these crucial adolescent years.

Education (continued)

8. Minimize sex-role stereotyping in educational system.

Out-of-Home Care

1. Need for specialized foster homes where the parents provide foster care on a full time basis.
2. More foster care homes for teenage children are needed.
3. There needs to be more group homes in the county that are placed in diverse locations within the county.
4. Foster parents are reluctant to accept children who are hard to place, such as delinquent, handicapped, or disturbed children.
5. Not enough facilities in this county to fit individualized needs, making an excessive amount of expensive out-of-county placements necessary.
6. Not enough resources and support services for foster parents within the county.
7. Referrals to emergency foster care services can only go through the police (or the shelter) on weekends. During the week, only social services can make these referrals.

Health Care

1. More teen services and education for family planning and V.D. screening.
2. Increase needed in health screening clinics and outreach services in high need, low income areas of the county.
3. Not enough comprehensive childbirth programs (prenatal through postnatal) for women needing these services. Every pregnant woman needs early, continuous, and comprehensive high quality prenatal care regardless of age and/or socioeconomic status.
4. Need for increased dialogue and/or provision of health services to child care and child development programs.

Other Concerns

A. Outreach

1. Outreach programs and accessibility to programs need to be emphasized - consumers need better information about what is available.

Other Concerns (continued)

A. Outreach (cont.)

2. Several children's services have eligibility requirements, making it difficult for some consumers to use the services they need.
3. Needs to be more emphasis on outreach to high need populations in the county, especially those of low income, Hispanic, Filipino, Asian, and Black communities.
4. Not enough services have provisions for the non-English speaking communities.

B. Coordination.

1. Need cooperative effort among all levels of government and with private agencies to handle problems of coordination in the field of children's services.
2. Lack of pooling of funding efforts to maximize amount and optimal use of funds received by children's services in the county.
3. Difficulty in providing advocacy for certain children's services.

C. Transportation

1. Services not always available within an accessible area, which makes time-consuming and costly traveling necessary.
2. The accessibility of public transportation in some areas is too sporadic, or non-existent, for consumers to use available services.

D. Housing

1. Families with children are being discriminated against in rental situations - higher rent and lower quality housing.

RECOMMENDATIONS

Day Care

1. A concerted effort should be made to provide more facilities for infant care for those 0-2 $\frac{1}{2}$. This should include the recruitment and training of more day care home providers, as well as taking the necessary steps to allow more infants in individual homes under certain circumstances (i.e., change the licensing laws). Encourage these new facilities to charge on a sliding scale basis.
2. Licensing of more day care facilities that could handle the physically and/or emotionally disabled child should be encouraged through the recruitment and training of capable people to run special programs. Encourage facility to charge on a sliding scale basis.
3. Encourage and recruit day care facilities to be available on a round-the-clock basis (for those with unusual working hours) and capable of accepting drop-in and/or emergency cases. Encourage a sliding scale basis.
4. Recruit for the establishment of moderately priced pre-school and day care facilities (for 2 $\frac{1}{2}$ - 5 year olds) for the children of median income, working parents who would not ordinarily qualify for federal funds or public assistance.
5. Encourage the expansion of pre-existing facilities to accommodate the needs for before and after-school care, as well as evening and night care.
6. Provisions for all-day psychiatric day care should be made in the county.
7. Recruitment of individuals to go to the homes of sick children as well as developing sick child care centers.
8. The special needs of working single parents to have adequate day care should be acknowledged and given priority in placement through a countywide publicity program aimed at raising awareness of these special needs.
9. Help organize single parents to establish cooperative day care centers or homes especially for their children. Such groups could also be mutually supportive and provide a format for educational experiences through a consultant who could come to their regular meetings.
10. Encourage and support the efforts of community groups to apply for state funding for child development centers (for ages 2 $\frac{1}{2}$ - 5), and work with present facilities to expand their present capabilities.
11. Continue to provide licensing support groups for attaining day care licenses, as well as maintaining contact with new licensees through organizing workshops around specific skill development, like communication skills, health, nutrition, business management, etc.

Parenting

1. In order to promote positive parenting skills, technical expertise should be provided to day care facilities and other parent groups, like the PTA, CANHC, etc., so that organized parent education and support groups are established on an ongoing basis. These new skills should encourage parents to provide appropriate guidance and confidence to enable their children to make healthy life choices.
2. A 24-hour protective services hotline should be established in this county to: 1) protect children from abusive, potentially abusive, and/or incompetent adults; and 2) provide adults with information for the prevention of child abuse. This should include an outreach program that would publicize the line as well as educate the public about its appropriate use.
3. In order to promote good parenting, there needs to be a network of support systems which offer a variety of services for parents to plug into. This network could be established by individual community groups (as opposed to government agencies) and organized on a neighborhood basis. It could include: 1) parent education courses, similar to those being offered by the Family Stress Center in Central County; 2) Weekly support groups with trained facilitators for parents with common interests, such as single parents, parents of children who are the same age or developmental stages, or with children having the same disability; 3) Trained facilitators to offer crisis support to parents in stress, available on a 24-hour basis.
4. Encourage the judicial system to make recommendations to the voting public about the legal responsibility of parents for their children's delinquent/criminal behavior, i.e., they should clarify parental involvement.
5. Courses in family planning, child development, positive parenting skills, family budgeting/management planning, and coping with crisis all need to be mandatory requirements for graduation from high school.

Recreation

1. Encourage non-governmental organizations to set up teen centers that would provide regular social activities (dances, field trips, etc.) and new kinds of cultural experiences for teenagers. Such facilities should be easily affordable (preferably free), within reach by available transportation, and carefully supervised.
2. Encourage the development of programs that would directly involve 13-18 year olds with community activities, such as developing job skills by volunteering in local programs and governments, working with the sick, the handicapped, and the elderly, etc.
3. Continue to let governmental officials know the major need expressed for more supervised, recreational programs for the 5-18 year old, and encourage them to change their funding priorities to include these needs. This is indicated by the numbers (1,146) on recreational waiting lists.

Recreation (continued)

4. Another aspect of providing recreational programs to be considered is either having adequate transportation available to its participants or establishing the programs on a neighborhood basis so that children can get to the activities on their own.
5. Adequate training needs to be provided so that recreational supervision can be offered by qualified individuals who are good role models for youth.
6. More recreational programs are needed for the handicapped child, such as sports, crafts, field trips, etc.

Mental Health

1. Services for children should have a much higher funding priority than they now have in the County Mental Health Department. To this end, the recommendations of the Children and Adolescent Task Force (CATF) and the Mental Health Association should be more closely adhered to by this department.
2. Expansion of substance abuse information and counseling for youth 8-18 years old should be encouraged.
3. The development of separate residential care facilities for: 1) emotionally disturbed children; 2) youth who are now being sent to facilities outside the county; 3) youth who need residential treatment for drug and alcohol abuse.
4. ONE clinic in each section of the county needs to be established to offer low cost, readily available child mental health care services. This should include services for early detection, intervention, and treatment of children's mental, behavioral, and learning problems.
5. There needs to be expansion of a variety of counseling services (for which a high need has been expressed):
 - a. Low or no cost psychotherapy
 - b. Divorce counseling for parents and children
 - c. Family counseling to deal with the dynamics of family living
 - d. Trained child psychologistsThese alternatives especially need to be available in East and West County (since counseling services are now concentrated in Central County).
6. The state should consider phasing out several of the larger mental hospitals in order to provide funding for local residential treatment centers with out-patient clinics, educational facilities, staff and consultants for outreach programs, 24-hour hotlines, and connections with all other agencies whose immediate services they might need, like social services, protective services, foster care, public health, etc. ("Phasing out" should be done concurrently so that adequate facilities are continuously available for those in need.)
7. Further development of community resources for prevention of child abuse and protection for the victims. Continued expansion of the outreach

Education (continued)

- alternatives in educational programs should be encouraged throughout the county. This might include:
- a. Improved quality in public schools (see recommendation number 3).
 - b. The establishment of more and varied private schools, from those with a religious base to the Montessori-type program.
 - c. Encourage new and improved facilities to charge on a sliding scale basis so that a variety of income levels may use them.
8. In order to alleviate sex-role stereotyping in the education system, efforts should be continued to eliminate this type of bias in the textbooks used. Also, teachers should be encouraged to participate in workshops aimed at raising their consciousness about the issue.

Out-of-Home Care

1. Encourage and expand the variety of foster care and out-of-home placements available for children who reside in the county. This should include:
 - a. Specialized foster care homes where the parents provide foster care on a full-time basis as their occupations. Social Services Department should be encouraged to implement such a plan by coordinating their efforts with the Mental Health and Probation Departments.
 - b. More foster homes for teenagers (ages 13-18) should be made available.
 - c. More specialized placements should be created for hard-to-place children, such as the handicapped, the disturbed, and the delinquent.
 - d. More group homes should be placed in diverse locations, e.g., rural, urban, inner city, and suburban.
 - e. More alternatives for placements (group homes, foster homes, institutions) within the county should be available, eliminating the frequent need for out-of-county placements.
2. Other related children service agencies, besides social service workers and the police, should be able to make referrals to emergency foster care services, especially on weekends and evenings. Work with the Social Services Department to change this policy should be encouraged.

Health Care

1. The development of more readily available teen services for family planning and V.D. screening that can be used at the teenager's own discretion should be encouraged.
2. Expansion of health screening clinics and outreach services in high need, low income areas of the county should be encouraged.
3. Work with community groups to expand and further develop the perinatal concept in childbirth programs. This concept provides for the care and treatment of both mother and infant before, during, and after birth (through post-partum and neonatal periods, approx: 28 days). The most cost-effective approach to perinatal care is the prevention of problems in pregnancy, delivery, and in the newborn infant.

Health Care (continued)

4. Promote the coordination necessary between child care services and health care services to provide a preventative health care program in child care and development facilities.

Other Concerns

A. Outreach

1. Increase and improve the outreach component of children's services and organizations so that consumers have better idea and more information about what is already available.
2. Review of eligibility systems should be encouraged in order to promote more flexibility towards those with legitimate needs.
3. Concerted effort should be made to reach those consumers of the high need populations in the county; specifically those of low income, Hispanic, Filipino, Asian, and Black communities.
4. Children's service having frequent contact with non-English speaking populations should make provisions for bilingual services for these clients.
5. Due to the rapid shifts of the population base in East County, a continued update should be done to stay abreast of these changes in growth rate and type of population within the community. This should be done to ascertain the changing needs in children's services, especially in day care, mental health, health, and recreational services.

B. Coordination

1. In order to better organize priorities for advocacy in the field of children's services, a multidisciplinary approach to coordination is necessary. The prevention and/or solving of various concerns should recognize that a child and his/her problems are an interrelated whole.
2. By taking a holistic approach to problem solving, a more cost-effective method would be to create cooperatively a network of strong links of communication and coordination between all the various elements of children's services.
3. Because funding sources for children's services are so scattered, a comprehensive review of services and administrative coordination is needed to prioritize needs and eliminate duplication of services. The use of interagency network planning is encouraged, as opposed to the creation of a new organization, in hopes that by expanding individual organizations' functions, current gaps in services might be effectively filled without the costly addition of new programs.

C. Transportation

More children's service agencies should be encouraged to locate in the east and west portions of the county which would alleviate some of the problems with transportation to available services.

D. Housing

Statewide legislation needs to be developed in order to prevent families with children from being discriminated against in rental situations. Currently they are being charged higher rents and offered lower quality housing.

OBSERVED TRENDS

One of the major functions of the individual field representatives has been to serve as resource people. Working in this role, a number of relevant assessments, reports, and studies have been discovered. This section will discuss trends in children's services, point out work that is presently in progress, and list other related studies.

Current Issues

Day Care. The day care situation in Contra Costa County has improved in some respect, deteriorated in others. On the positive side, a consciousness of the necessity of day care has been the most significant development. This is reflected in recent changes and proposed changes in various city zoning laws affecting family day care homes and centers.

Family Stress Center. The Family Stress Center in Concord is now a reality, with the initial programs beginning in Fall 1978. This project will, one hopes, become a model for other communities in Contra Costa County.

Linkage. Improvement is being made in coordinating children's services, particularly with the development of functional linkages between various organizations. The Consortium on Children's Service in the West County, with similar networks in the Central and East, seems to be working towards reducing the problem of duplication of effort.

Child Abuse Prevention Council. The council is now attempting to coordinate all agencies in the county that provide services related to child abuse. It is also defining reporting procedures.

Limitations of space do not permit a full report on all the developments in children's services in Contra Costa County. For more detailed information concerning specific issues related to children, please contact the Contra

Costa Children's Council.

Work in Progress

United Way of the Bay Area, Phase II, to be completed by June 30, 1978.

Involved: 1) survey of community perceptions of needs for human care services to determine to what extent indicators used in Phase I have helped to identify areas where needs actually exist; 2a) collection of data on service capabilities and capacity of those agencies providing service in United Way's 43 fields of service; 2b) collection of data on amount and nature of service actually provided by these agencies.

United Way of the Bay Area, Phase III, upon the conclusion of Phase II.

Analysis and assessment of information generated by Phases I and II. Identification of a) gaps between needs and services, and b) service overlaps. Assessment will allow staff and planners to make decisions regarding funding priorities.

Contra Costa County - Pilot Project for the State Office of Planning and Research, due by mid-1978. County is one of three counties selected to develop social indicators on census tract basis. County profile to focus on state of the county and its neighborhoods.

Needs Survey, State of California, Public Health, Social Services Division, due by November 1978. Needs of social service recipients statewide and county-by-county.

Carquinez Coalition, have been conducting a survey to determine the human service needs of the northwest county area.

University of California Extension, in conjunction with Contra Costa County has completed a comprehensive directory of services for children. Due October 1978.

Children's Council Outreach Program. Planning to provide a mobile

Toy Lending Library and Share Center which will also contain pertinent information to disseminate to the community at large. The bus has already been donated, and a proposal for a CETA position bus driver has been submitted.

Human Services Advisory Commission. Developing a comprehensive plan for countywide human services related to children. Due September 1978.

Related Studies

A comprehensive bibliography of all reports collected and consulted during the course of this project would be nearly as long as the report itself. Included in this section are those reports that have been most significant to our project. There are many other works on file at the Children's Council, and the field representative will be happy to discuss any available material on any specific subject.

A Guide to Information for Bay Area Human Services Planners, Association of Bay Area Governments, September 1977. A guide to sources of information and data in the San Francisco Bay Area.

Human Services in Bay Area Cities, Association of Bay Area Governments, November, 1976. This survey was done to determine what cities in the Bay Area are doing in the field of human services.

Contra Costa County - A Profile, Contra Costa County Planning Dept., September 1976. A working document, general guide on the type of information available from various departments of the County. Includes a brief analysis of the present condition, trends, and future estimates of 19 subject matters, graphic presentation highlighting points made in the analysis, and selected statistical tables.

Techniques for Needs Assessment in Social Services Planning, The Research Group, Inc., finances through Department of HEW. State experiences and

and suggested approaches in response to Title XX of the Social Security Act.

United Way of the Bay Area, Phase I, completed August 31, 1977. Involved collection of socio-economic and demographic data that can be used as indicators to help assess needs for human services.

Fields of Service Definitions, United Way of the Bay Area, July 1976.

Concise definition of the various types of human services.

Pleasant Hill Child Care Study, Sunne Wright McPeak of McPeak Associates, July 1976. Survey of child care needs in Pleasant Hill, including study of present resources, level of demand, unmet needs, approaches used in other communities, funding resources, and recommendation for development.

Assessment of Need for Mental Health Services Among Young Children in Contra Costa County, done by Peggy Vanderkar, Spring 1977. Object of the study was to provide basic information for public policy and program planning in children's services. Study had two questionnaires: one for Resource Agencies or Organizations, and one for Kindergarten Teachers.

Contra Costa County - Behavioral Problems Study, done by Carolyn McGinnes, Center for Human Development, to be finished by October 1977. Encompassed 12 elementary schools throughout the county, provides a countywide assessment of various demographic features and regions within the county, various methods of handling behavioral problems.

Contra Costa Children's



Council

EXECUTIVE DIRECTOR
KENNETH JAY JAFFE

WEST AREA ORGANIZER
DONALD LAU

EAST AREA ORGANIZER
FRANCISCO OLVEDA

April 1978

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Contra Costa Children's Council is a non-profit organization whose members are interested in quality services for the children of Contra Costa County. We are conducting a survey in order to find areas where children's needs are the greatest.

Our definition of children is a child between the ages of 0-18 years.

Please complete all questions if possible; however, we would prefer to have questionnaires returned with blanks rather than not receive them back at all.

Please take a few minutes now to complete this survey. Your cooperation in the prompt return of the questionnaire will be greatly appreciated. If you have any questions, feel free to contact the field representatives administering the survey:

Charletta Hines (Richmond office, 233-KIDS)
Tamra McPherson (Concord office, 676-KIDS)
Sam Taff (Antioch office, 754-1020)

A self-addressed envelope is enclosed for your convenience. Thank you very much for your help and interest in this project.

P.S. If you do not have any children, please pass it on to a neighbor who does. Thanks.

WEST BRANCH
530 37th Street
Richmond, California 94805
(415) 233-KIDS

57

CENTRAL BRANCH
2230 Silvio Street
Concord, California 94620
(415) 676-KIDS

EAST BRANCH
430 "O" Street
Antioch, California 94509
(415) 754-1020

DEFINITIONS OF SERVICES

1. Alcohol and Narcotics Treatment Services: To provide care to persons abusing or addicted to alcohol or drugs. Examples: Individual and group counseling, rap sessions, and education.
2. Community Health Services: To provide health services to persons in need of preventative or health maintenance or emergency care. Examples: free clinics, community health centers, etc.
3. Counseling Services: To support, advise, and assist individuals, families or groups who are experiencing some stress for a variety of reasons. Examples: social workers, psychologists, psychiatrists, counselors.
4. Crisis Intervention Services: To provide immediate, easily accessible help to individuals in crisis. Examples: hotlines maintained on a 24-hour a day, 7-day a week basis.
5. Day Care Services: Care for a child (ages 0-18) for less than 24 hours a day. Examples: family day care home, babysitter, nursery school, child care centers, after school care.
6. Information and Referral Services: To assist persons in getting the services they need and to give out information about social welfare, health or recreation services.
7. Mental Health Services: To provide support for individuals who suffer or who would suffer from some mental condition. Examples: diagnostic, evaluation and treatment centers.

1. Name of service _____
Address _____
Phone _____ Person to contact _____
2. Please describe the goals of your service/agency _____

Sponsoring Agencies/Funding Sources _____
3. How do clients pay for service (estimate percent doing so)?
_____ % No Fees _____ % Flat Fee
_____ % Private Insurance _____ % Sliding Scale (Min. _____ to Max. _____)
_____ % Medi-Cal _____ % Other _____
4. Do you have any eligibility requirements? _____ Yes _____ No
Please list _____
5. How many children did you serve in 1977? _____
Do you currently have a waiting list for your services? _____ Yes _____ No
If "Yes" how many? _____
6. What do you see are the most pressing needs of children in CCC? _____

7. What are possible solutions to these needs? _____

8. How many of your clients are provided transportation by your agency? _____
9. Is public transportation available within a five-block radius? _____ Yes _____ No

10. Situation: If you had unlimited funding/resources available for your program, what would you do with your program? _____
- _____
- _____

11. What hampers you from doing your job most effectively?

☐ Bureaucratic hassles	☐ Legal problems (i.e., zoning, licensing, etc.)
☐ Lack of funding	☐ Lack of cooperation from clients
☐ Inability to reach clients	☐ Lack of coordination with other services
☐ Lack of staff	☐ Lack of transportation services
	☐ Other _____

12. How well do you see your service coordinated with other children's services agencies?

1	2	3	4	5
Not	Poorly	Adequately	Effectively	Excellent
Coordinated				

13. *Please rate how effectively children's needs are being met in CCC in these areas:

	1	2	3	4	5
	Not provided	Poorly	Adequately	Effectively	Excellent
Substance Abuse Treatment	_____	_____	_____	_____	_____
Community Health	_____	_____	_____	_____	_____
Counseling	_____	_____	_____	_____	_____
Crisis Intervention	_____	_____	_____	_____	_____
Day Care	_____	_____	_____	_____	_____
Information/Referral	_____	_____	_____	_____	_____
Mental Health	_____	_____	_____	_____	_____

14. In what ways does your service/agency encourage community involvement within your agency (i.e., low income hiring, volunteers, co-op nursery, etc.)? _____
- _____
- _____

15. Additional comments _____
- _____
- _____

1. Street Address/Nearest Cross Street _____

2. Type of Household:

_____ Two Parent	# of Children _____	Ages _____
_____ One Parent	# of Children _____	Ages _____
_____ Other	# of Children _____	Ages _____

3. Amount of Household Income:

_____ less than \$3,000	_____ \$8,000 to \$12,999	_____ \$18,000 to \$22,999
_____ \$3,000 to \$7,999	_____ \$13,000 to \$17,999	_____ \$23,000 to \$27,999
		_____ \$28,000 or more

4. Racial Group:

_____ Black	_____ White	_____ Chicano	_____ Oriental
_____ Native American	_____ Other _____		

5. Do any of your children have special needs?

_____ No _____ Yes What _____

6. Have you had a need in the last three years for any of the following services for your child/children?

_____ Substance Abuse Treatment	_____ Day Care
_____ Community Health	_____ Information & Referral
_____ Counseling	_____ Mental Health
_____ Crisis Intervention	_____ Other _____

7. How did you pay for the service?

_____ No fees	_____ Private insurance
_____ Flat fee	_____ Medi-Cal
_____ Sliding scale fee	_____ Other _____

8. What problems did you have getting these services?

_____ Long wait on telephone	_____ Lack of transportation
_____ Long wait in office	_____ Put on waiting list
_____ Eligibility requirements	_____ Service not available
_____ Language problems	_____ Other _____

9. Were you satisfied with the services received? (If more than one service used, please answer for each.) _____

10. Were these services available in your community?

____ Yes ____ No Comments _____

11. Which services for children do you think should be offered in your community?

____ Substance Abuse Treatment	____ Day Care
____ Community Health	____ Information & Referral
____ Counseling	____ Mental Health
____ Crisis Intervention	____ Other _____

12. Are you involved in any way with children's services in your community?

____ Yes ____ No Explain _____

13. What do you see as the most pressing needs of children in Contra Costa County? _____

14. What are possible solutions? _____

15. Additional Comments: _____

ATTACHMENT D

Service Provider Survey--
Compilation of raw
data tabulations

	Countywide		West		Central		East	
	#	%	#	%	#	%	#	%
Total surveys sent	1721		126		740		269	
Total surveys returned	138	19.6	128	18	158	21.7	52	19
Type of service/agency								
Public (public/private/special ed.)	56	19	20	16	32	20	14	27
Child care centers/								
preschools	60	18	31	24	24	15	5	10
Family day care prov.	35	25	31	24	45	29	9	17
Recreational serv.	29	9	14	11	9	6	6	12
Health care serv.								
medical/mental	51	16	12	9	35	22	6	12
Multi-Service Agencies	45	13	20	16	13	8	12	23
How do clients pay for service?								
No fee	149	40	66	48	56	28	26	71
Fee for								
services	121	33	37	27	78	39	8	22
Sliding scale	56	12	15	11	30	15	2	3
Private insurance	20	5	5	4	15	7	1	2
Medicaid	16	4	5	4	11	5	0	
Other	23	6	10	7	12	6	1	2
Do you have any eligibility requirements?								
Yes	148	47	35	30	99	63	14	37
No	165	53	92	70	59	37	24	63
Age of youth								
Previously served								
0 - 1 1/2 years	96	18	32	17	42	16	22	34
1 1/2 - 5 years	165	32	69	32	84	31	21	32
5 - 12 years	158	10	58	31	87	32	13	20
13+ years	109	20	30	20	58	21	9	14
Do you currently have a waiting list?								
Yes	95	31	32	27	53	34	10	26
No	216	69	55	73	102	66	29	74

ATTACHMENT D

SERVICE PROVIDER SURVEY RESULTS

Does your agency provide
transportation for any
of your clients?

Yes	101	34	36	81	47	32	18	56
No	195	66	31	69	100	68	14	44

Is public transportation
available within a
5-block radius?

Yes	243	78	107	91	116	73	20	59
No	68	22	10	9	39	24	14	41

What hampers you from
doing your job most
effectively?

Bureaucratic hassles	66	13	22	12	32	12	12	15
Lack of funding	152	29	60	33	71	27	21	26
Inability to reach clients	34	6	12	7	17	6	5	6
Lack of staff	87	17	29	16	43	16	15	19
Legal problems	30	6	10	6	15	6	5	6
Lack of cooperation from clients	31	6	8	4	17	6	9	11
Lack of coordination with other services	39	7	13	7	20	8	5	6
Lack of transportation services	37	7	14	8	18	7	5	6
Other	48	9	13	7	31	12	4	5

How well do you see your
service coordinated
with other children's
services agencies?

1) not coordinated	49	19	14	14	29	23	6	18
2) poorly	70	27	24	24	38	30	7	21
3) adequately	103	40	44	45	44	35	15	45
4) effectively	36	14	17	17	15	12	5	15
Average Ranking	2.49		2.65		2.35		2.58	

	Countywide		West		Central		East	
	#	%	#	%	#	%	#	%
Please rate how effectively children's needs are being met in CEC in these areas:								
Substance Abuse Treatment:								
1) not provided	152		56		73		22	
2) poorly	14	9	6	11	6	8	2	9
3) adequately	82	54	35	63	33	45	14	64
4) effectively	57	34	11	20	34	47	5	23
*Average Ranking	2.11		2.23		2.38		2.23	
Community Health:								
1) not provided	182		80		78		24	
2) poorly	3	2	2	3	0		1	4
3) adequately	72	40	39	69	26	33	7	29
4) effectively	81	44	29	36	41	53	11	46
*Average Ranking	2.71		2.59		2.81		2.83	
Counseling:								
1) not provided	166		64		79		23	
2) poorly	7	4	5	8	1	1	1	4
3) adequately	90	55	38	59	37	47	16	70
4) effectively	62	37	16	25	39	49	6	26
*Average Ranking	2.42		2.33		2.53		2.22	
Crisis Intervention:								
1) not provided	151		51		79		21	
2) poorly	13	9	3	6	8	10	2	10
3) adequately	77	51	25	49	40	50	12	57
4) effectively	54	36	18	35	29	37	7	33
*Average Ranking	2.36		2.49		2.32		2.24	
Day Care:								
1) not provided	197		65		99		23	
2) poorly	8	4	4	6	4	4	0	
3) adequately	99	51	24	37	58	59	13	57
4) effectively	76	39	28	43	35	35	9	39
*Average Ranking	2.47		2.65		2.35		2.48	

	Countywide		West		Central		East	
	#	%	#	%	#	%	#	%
(Cont'd)								
Information and Referral:								
1) not provided	189		67		97		25	
2) poorly	5	3	2	3	2	2	1	4
3) adequately	62	33	18	27	33	34	11	44
4) effectively	86	45	33	49	42	43	11	44
*Average Ranking	2.81		2.88		2.82		2.56	
Mental Health:								
1) not provided	165		59		84		22	
2) poorly	11	7	4	7	6	7	1	5
3) adequately	90	55	38	64	40	48	11	50
4) effectively	55	33	13	22	34	40	9	41
*Average Ranking	2.38		2.29		2.43		2.45	

*Numbers indicate numerical value assigned for ranking purposes in ascending order from 1 to 4.

ATTACHMENT E

Consumer Survey--
Compilation of raw
data tabulations

	Countywide		West		Central		East	
	#	%	#	%	#	%	#	%
Total # surveys sent	3241		1025		1012		1204	
Total # surveys returned	325	10	85	8	142	14	93	8
<u>Type of household</u>								
2 parent	230	79	57	85	111	78	65	72
1 parent	37	13	8	12	13	9	17	20
Other	22	8	2	3	18	13	2	3
<u>Ant. of household income</u>								
Less than \$250	2	1	0		1	1	1	1
\$250-\$500	40	15	8	13	7	6	25	34
\$500-\$1,000	57	22	13	20	19	15	25	34
\$1,000-\$1,499	59	23	18	28	33	27	8	11
\$1,500-\$1,917	47	18	12	19	28	23	7	10
\$2,018 or more	55	21	13	20	35	28	7	10
<u>Racial group</u>								
Black	16	6	9	11	1	1	6	7
White	212	72	46	59	117	88	49	60
Hispanic American	19	6	6	8	11	8	2	2
Non-Hispanic American	32	11	6	8	2	2	24	30
Asian/Asian American	0	0	7	9	2	2	0	0
Other	5	2	4	5	0	0	1	1
<u>Children with special needs</u>								
Yes	32	12	11	16	13	9	8	11
No	246	88	56	84	125	91	65	89
<u>Used children's services in past 1 year?</u>								
Yes	92	35	24	38	49	39	19	27
No	169	65	39	62	78	61	52	73
<u>Type service used:</u>								
Substance abuse	1	1	0		1	2	0	
Community health	18	16	9	36	4	7	5	18
Counseling	16	14	2	8	10	16	4	14
Crisis Intervention	3	3	0		2	3	1	4
Day Care	57	50	10	40	35	56	12	43
Information & Referral	13	11	2	8	8	13	3	11
Mental Health	7	6	2	8	2	3	1	11
Other	0		0		0		0	

How was payment for
services made?

	Countywide		West		Central		East	
	#	%	#	%	#	%	#	%
No fees	21	20	5	17	12	23	4	17
Flat fee	51	49	12	40	33	63	6	26
Sliding scale fee	14	13	3	10	5	10	6	26
Private insurance	11	10	6	20	2	4	3	13
Medi-Cal	4	4	0		0		4	17
Other	4	4	4	13	0		0	
<u>Problems getting services:</u>								
long wait on telephone	4	6	0		2	5	2	12
long wait in office	2	3	0		2	5	0	
eligibility requirements	7	10	2	11	2	5	3	18
language problems	0		0		0		0	
service too expensive	19	29	6	33	10	25	3	18
Lack of transportation	3	4	0		2	5	1	6
put on waiting list	12	17	3	17	7	20	2	12
service not available	18	26	7	39	10	25	0	
other	4	6	0		4	10	6	35

Satisfied with services rec'd?

	Countywide		West		Central		East	
	#	%	#	%	#	%	#	%
Yes	64	78	16	70	34	79	14	87
No	18	22	7	30	9	21	2	13

Services available in own
community?

	Countywide		West		Central		East	
	#	%	#	%	#	%	#	%
Yes	62	74	14	67	35	79	13	68
No	22	26	7	33	9	21	6	32

Services desired in
community:

	Countywide		West		Central		East	
	#	%	#	%	#	%	#	%
Substance abuse	56	13	12	11	26	13	18	16
Community health	41	10	12	11	19	9	10	9
Counseling	81	19	23	21	39	19	19	17
Crisis Intervention	46	11	14	13	22	11	10	9
Day Care	89	21	18	17	39	19	32	29
Information & Referral	67	16	19	17	33	16	15	14
Mental Health	37	9	8	7	22	11	7	6
Other	10	2	3	3	7	3	0	

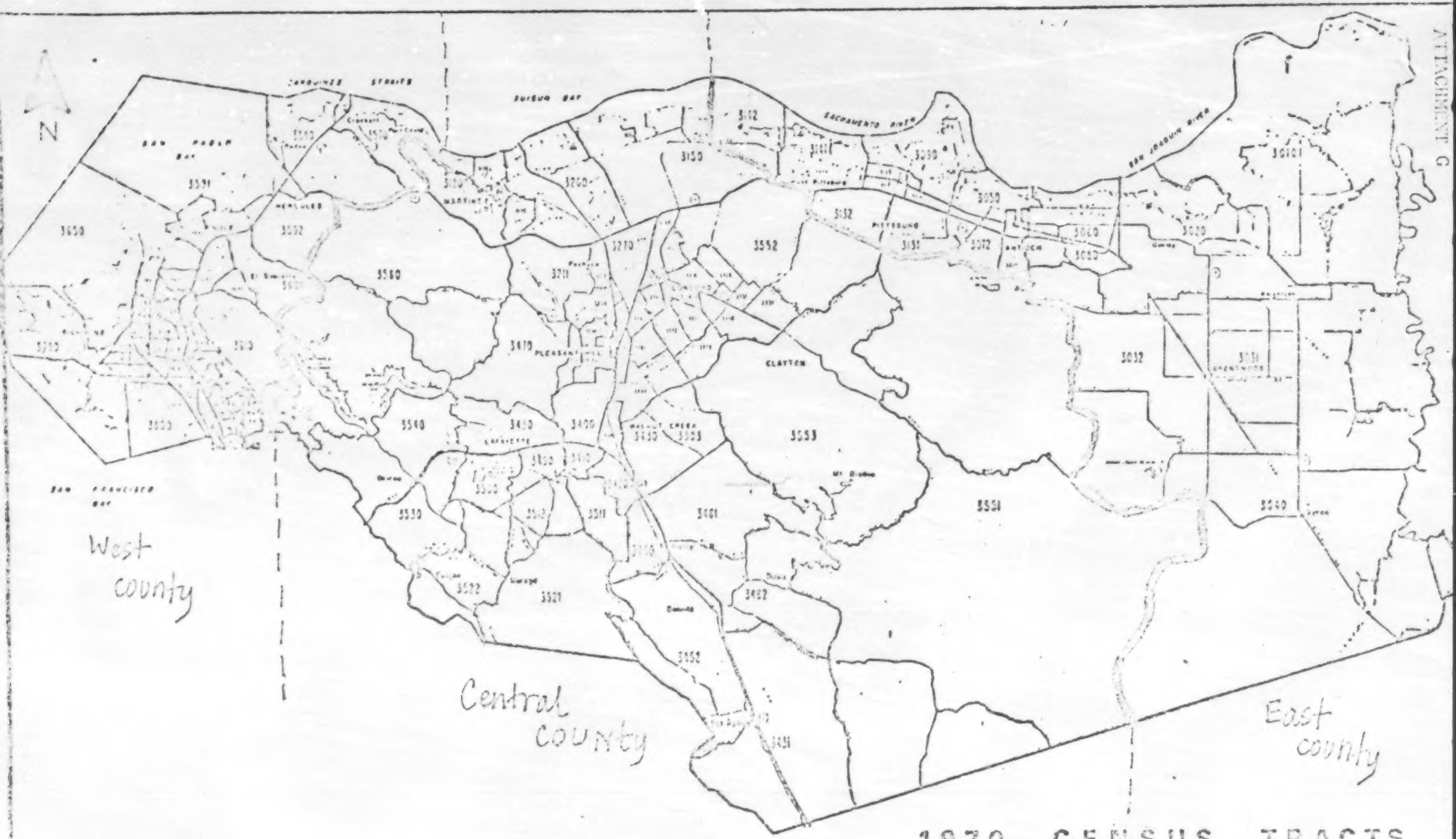
Involved with children's
services in community?

	Countywide		West		Central		East	
	#	%	#	%	#	%	#	%
Yes	55	21	14	12	30	24	11	16
No	206	79	53	88	96	76	57	84

Countywide Tally of Responses to Open-Ended Questions

	<u>Day Care</u>	<u>Recreation</u>	<u>Parenting</u>	<u>Mental Health</u>
Countywide				
Service Prov.	169-38%	51-11%	92-21%	136-30%
(rank)	(1)	(4)	(3)	(2)
Consumers	73-27%	81-31%	58-22%	53-20%
(rank)	<u>(2)</u>	<u>(1)</u>	<u>(3)</u>	<u>(4)</u>
Total	242-34%	132-19%	150-21%	184-26%
(rank)	(1)	(4)	(3)	(2)
West County				
Service Prov.	44-33%	24-18%	31-24%	33-25%
(rank)	(1)	(4)	(3)	(2)
Consumers	13-22%	20-33%	~~49~~ -32%	8-13%
(rank)	<u>(3)</u>	<u>(1)</u>	<u>(2)</u>	<u>(4)</u>
Total	57-30%	44-23%	50-26%	41-21%
(rank)	(1)	(3)	(2)	(4)
Central County				
Service Prov.	112-41%	18-7%	57-21%	84-31%
(rank)	(1)	(4)	(3)	(2)
Consumers	48-33%	40-28%	27-19%	30-21%
(rank)	<u>(1)</u>	<u>(2)</u>	<u>(4)</u>	<u>(3)</u>
Total	160-38%	58-14%	84-20%	114-27%
(rank)	(1)	(4)	(3)	(2)
East County				
Service Prov.	13-29%	9-20%	4-9%	19-42%
(rank)	(2)	(3)	(4)	(1)
Consumers	12-20%	21-35%	12-20%	15-25%
(rank)	<u>(3)</u>	<u>(1)</u>	<u>(3)</u>	<u>(2)</u>
Total	25-24%	30-29%	16-15%	34-32%
(rank)	(3)	(2)	(4)	(1)

NOTE: Ranking, number and percentages of responses of the 4 most frequently-mentioned categories to the question: "What do you see as the most pressing needs of children in Contra Costa County?"



MAP SYMBOLS
 BOUNDARY UNINCORPORATED AREAS
 COUNTY BOUNDARIES & NAME
 MUNICIPAL BOUNDARIES AND NAME CHART
 MUNICIPAL ROAD, RAIL, AND STREET
 EXISTING AND NEW AIRPORTS
 CITY CENSUS TRACT NUMBER
 MUNICIPAL SERVICE TRACT BOUNDARY

1970 CENSUS TRACTS
 CONTRA COSTA COUNTY
 CALIFORNIA

ATTACHMENT H

RANKING ORDER OF HIGH-NEED CENSUS TRACTS

This is a brief explanation to describe how 25% of the consumer questionnaires were disbursed. Using a matrix developed by United Way and data from the 1975 Special Census, ten census tracts from each geographical area (West/Central/East) were chosen as having high populations of children in various categories of need.

The five social indicators of high need, consisting of those who might use children's services, are:

1. Working Mothers of Children under 18
2. Working Mothers of Pre-school Children
3. Large Households with Low Income
4. Female Heads of Families with Children in Poverty
5. Children in Poverty.

Using this method, our intent was to reach a wide spectrum of Contra Costa County families in need in order to promote their participation.

Taking each geographical area separately, a ranking order of census tracts fitting each indicator was developed. Numerical values were assigned to each census tract in descending values; for example, the top-ranking census tract in the category of Children in Poverty would receive a value of 10, the next census tract would receive a 9, etc. These numerical values were then added together for each census tract, thus producing a total for each tract. These census tracts were then ranked, giving us the top ten high-need census tracts for each geographical area.

The following chart lists the ranking order of census tracts countywide and for the West, Central, and East areas. Exact location of each census tract can be found on the Census Tract Map (see Attachment G).

Ranking Order	COUNTYWIDE	WEST	CENTRAL	EAST
	Tract #	Tract #	Tract #	Tract #
1	(W) 3790	3790	3300	3060
2	(C) 3300	3650	3290	3132
3	(E) 3060	3680	3381	3141
4	(E) 3132	3640	3362	3090
5	(E) 3141	3810	3400	3190
6	(E) 3090	3760	3211	3072
7	(W) 3650	3770	3340	3020
8	(C) 3290	3800	3200	3050
9	(W) 3680	3820	3320	3120
10	(W) 3640	3591	3331	3142